

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-530948

FILING DATE

APPLICANT(S)

6/26/07

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4				①		
5						
6						
7						
8				2		
9						
10						
11				1		
12				①		
13				①		
14				①		
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	35	←	12	←		←
TOTAL CLAIMS	39		15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						